

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/587437 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
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18	/		/			
19	/		/			
20	18		1			
21	18		1			
22	18		1			
23	18		1			
24	18		1			
25	18		1			
26	18		1			
27	18		1			
28	18		1			
29	18		1			
30	/		1			
31	/		1			
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33	/		1			
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TOTAL IND.			6			
TOTAL DEP.			31			
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						